CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS Read the Privacy Act S				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			FICE	2. VOUCHER NUMBER							
								3. SCHEDULE NUMBER							
				tatement on the back of this form.				5. PAID BY							
4.	a. NAME (Last, first, middle initial)			b. SOCIAL SECURITY NO.											
c. MAILING ADDRESS (Include ZIP Code)						d. OFFICE TELEPHONE NUMBER									
6. EX	KPENDI	TURES	(If fare claimed in col. (g) ex claimant.)	rceeds charg	e for one person	n, show in col. (h) the numb	er of a	additior	nal persons						
DATE Show appropriate code in col.			(b):					AMOUNT CLAIMED							
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Sign Original Only				/ DATE		CLAIMANT SIGN HERE	DATE								
						<u>-</u>			ASH PAYMENT RECEIPT						
APPROVING OFFICIAL SIGN HERE											b. DATE RECEIVED				
This claim is certified correct and proper for paymen Sign Original Only						c. AMOUNT									
AUTHORIZED CERTIFYING OFFICER SIGN HERE				ATE	12. PAYMENTMADE BY CHECK NO.										

ACCOUNTING CLASSIFICATION

DATE			AMOUNT CLAIMED							
	C O D	A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)	MILEAGE RATE ¢	MILEAGE		FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS		
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.